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APPLICANTS

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** CONTINUING DATA *****
RT none

** FOREIGN APPLICATIONS *****
RT none

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
 ** 12/18/2003

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged Examiner's Signature <i>[Signature]</i> Initials <i>[Initials]</i>	STATE OR COUNTRY AZ	SHEETS DRAWING 3	TOTAL CLAIMS 14 <i>16</i>	INDEPENDENT CLAIMS 3
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ADDRESS
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TITLE
 Inflatable lap belt safety bag

FILING FEE RECEIVED 750	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)
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